## Document 21-8 Filed 06/05/2006 Nursing Evaluation Tool:

Page 1 of 42
Abdominal Pain

Fac	ility: Alabama Department of Correcti	ons				
ll ll	ient Name: ( /a ck/be	r. Dobra	,			
Inm	late Number: / 59 Last	6	First	11 .74	, 57/MI	-
	e of Report: 2 , 12,06	>	Date of Birth:	7 100	YYYY	
	MM DD YYYY	'I	Time Seen:	15 (AM)	PM Circle One	
<u>S</u> ubjectiv	e: Chief Complaint: 1 Com	having at	ot of al	dominal	Dain	La M
Onset:	Darn, E naus	ea & 4/.	AD		1	<u> </u>
History:	pack-lifficcessary) /					· · · · · · · · · · · · · · · · · · ·
	Weated for H	lis problen	1 li po	EST E G	intihiotic.	
Pain Des	cription: Sharp Dull Cram	py ABurning	V	Location:	☐ Check Here If addition☐ RUQ ☐ [	
☐ Interm ☐ Other:		: Back		20000000	ORLO OL	LQ
	this An (Bulcolax-	: po a 410/06).	3 stude ye	07.	<b>1 D</b> Epigastric □ □	iffuse
Last BM Associa	☐ Normal ☐ Cons	tipation, Diarrhea x	stools Color	change: 🖢 No 🗀	Yes:	
	Back pain	Yes Vomiting-□No No ¹□Yes Other	Tes (x Z	Paintul urini	ation 4 No 4	Yes
<u>Objective</u>	: Vital Signs: (If Indicated) T:	98. P. 54	RR: (b	B/P: /	144182	~
Genera	Il appearance: • No acute distress	Acute distress 🔲 Una	able to stand erect	☐ Knees drawr	) UD	
Skin: L	- Warm U Cool Dry Moist/o	dammy - Skin Color: 🗣	Normal 🚨 Pallo	r 🔾 Flushed 🗀	Jaundice	
meccu.	DMINAL EXAM	Dry				
Bowel	sounds: Present Decreased	☐ Absent		~ . T		
Abdon	nen: 🗘 Soft 🛛 Guarding 🗖 Distende	d Non-Tend	er 🗗 ender	Engastr	ue	
Pain in	nduced/increased with: Walking	lo 🖸 Yes	_	Location U		
Pain in	nduced/increased with: Gentle abdom onal Examination:	ninal palpation I No			2.000 15.	
	ntinue on back if necessary)	<u> </u>	alrdan	en c f	aguna	
A					Check Here if contin	ued on back
	ent: (Referral Status) eferral <u>Not Required</u>	Preliminary Dete	rmination(s):	alkerat	ian Bu Co	onfort
	eferral <u>Required</u> due to the follow	Preliminary Dete	,	RITAC	un	-
	Abnormal Vital Signs	virig. (Check all that apply Distended/rigid abdome		sisten <u>t</u> Nausea an		<del></del>
	Bloody or "Tarry" stools	Pallor, moist clammy ski		urrent Complaint (	More than 2 visits for the	same complaint)
	Other:You should contact a physician of	ar nurcing cuponicar if you	house annual fire			₹.
Plan:	Instructions to return if conditi			is about the status	s of the patient.	
Check All That Apply:	: U Education on bowel elimination	In DEducation on Li	factula Modificatio	ins to prevent refli	ıv	
	Education: The patient demor	istrates an understanding i	ot the nature of the	eir medical conditio	nn and einne and eur	nptoms for
	which they should seek additiona abdominal pain, fever.) as well a	s appropriate follow-up. 🗆	stent vomiting, sigi PYES 🚨 NO (If t	nificant weakness, NO then schedule	, signs of dehydratior patient for appropria	ı, worsening te follow-un
	VIOILO		_			to tollott up
	Offic Meds given: Pepto-E	INO DIYES (If Yes	se (or) TMaglox : s List): Len	30 cc PO X1 dose	tabs to	NOWX I
Referral:	☐ NO ☐ YES (If Yes, Whom/Where	e):			for referral:	1
Referral,	Type: ☐ Routine ☐ Urgent ☐ Emerç	gent (if emergent who was	contacted?);		MM DD Time	m
$\rightarrow$	Thomas D	/.	(a. d. 1	- Rinh		
xx	Nurses Signature	Name:	Printed	· 110000	1 1 JU.	
		U			TITTED 1.1	<i>c</i>

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6	Ĺ	C
		O

HEALTH SERVICES MICOAPORATED  MISON H  NISON H  NISON H  SICK	EALTH SERVICES, INC. CALL REQUEST	
Follow-up Print Name: Debra Clackler	Date of Request: 2-11-00	
ID#_1595/6	Date of Right 1/-2/a-c// Looping D	14 A 12101A
- ratule of ploblem of request: 5/2/1984	2 Abolaminal and have asia as	ISPAL: UNMYZNA
and headaches. My bowers are	not moving as they should, even u	
	<u> </u>	
	Dalian Markh	
	Signature	
DO NOT W	RITE BELOW THIS LINE	
Date 2 1306		
Time: AM PM		
Allergies:	RECEIVED Date:	
	Time:	
	Receiving Nurse Intials	
(S)ubjective:		* _ m / *
		1.24 · 1.45 · 1
(O)bjective (V/S): T:		
(O)bjective (V/S): T: P	: R: BP:	<u>WT:</u>
(A)ssessment:		
(P)lan: Seeing Du, Engr	Chart Soday	
(P)lan: Stelling And, Ong		received
		272-06
		·. w
Refer to: MD/PA Mental Health D	Dental Daily Treatment Return to 0	Clinic PRN
Check One: ROUTINE () EMER	CIRCLE ONE GENCY()	
If Emergency was PHS supervisor		C. O. W
Was MD/PA on ca	or notified: Yes ( ) No ( )  Il notified: Yes ( ) No ( )	1 day
	71.	lan
(K)	The sellend to	- Alla Wins
	William (I) /	# Weld wus
WHITE: INMATES MEDICAL FILE	SIGNATURE AND TITLE	PHS0127
WHITE: INMATES MEDICAL FILE YELLOW: INMATE RETAINS COPY AI		~ / X4//
MEIMING COPY AL	FIEK NURSE INITIALS RECEIPT	$\setminus M_{i} \setminus$

GLF-1002 (1/4)

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PHS

PRISON PRISON	HEALTH SE	ERVICES, INC.	
SERVICES MECONOMATEO SIC	K CALL RE	EQUEST	
FULLOW-14-			
Print Name: Debra Clackler		Date (D	h a a/
ID# /595/6	Date of Birth	Date of Request:	
Nature of problem or request: Sever	D KINE MAIL	1 h . l . A L . l	10n: <u>107/n 12 Bed 4</u> 7/B
	$\sim$ 1 1 $\sim$	- moving proper	V. even with a)
laxative. I am in constant,	pain.	J <i>T 17-3</i>	7
		-A-1-11	n A
		Alebra Clas	Kley
DO NOT	WRITE BELO	Sign OW THIS LINE	ature
Date: 2+121 2006	·		
Time: AM PM	Ī		
Allergies: AM FW		RECEIVE:	D
		Time:	
		Receiving Nurse Int	ials 1
	L		
(S)ubjective:			Ne Se
			11/30 11/4
			A) Wagu
(O)bjective (V/S): T:		•	10 Am con
(O)bjective (V/S): T:	P:	<u>R:</u>	BP: WT:
			( or from
(A)ssessment:			·
(P)lan:			
70.6			
Refer to: MD/PA Mental Health	Dental Daily	y Treatment Res	turn to Clinic PRN
Check One: ROUTINE ( ) EME	CIRCLE ON		
If Emergency was PHS supervi	RGENCY ( )		
Was MD/PA on	An notified:	Yes ( ) No ( ) Yes ( ) No ( )	
	6/1	7	
	10/10/10		
7-2000	1/4		<u> </u>
WHITE: INMATES MEDICAL FILE	# SIGN	VATURE AND TITE	LE
WHITE: INMATES MEDICAL FILE YELLOW: INMATE RETAINS COPY	CEPED ALVES ==	3 11 11000	PHS0128
COPT	SULEK NURSE	SINTIALS RECEIPT	LITOUTHO

GLF-1002 (1/4)

Comment: You should contact a physician and/or a nursing supervisor if you have any concerns about the status of the patient or are unsure of the appropriate care to be given.

Plan: Check All That Apply:

Unstructions to return if condition worsens.

Education: The patient demonstrates an understanding of the nature of their medical condition and instructions regarding what they should do as well as appropriate follow-up. 

YES 

NO (If NO then schedule patient for appropriate follow-up visits)

Other: (Describe)

Referral Type: 1 Routine O'Ungont D'Emergent (if emergent who was contacted?);

Relight Mosely ha

Time

Case 2:06-cv-00172-WHA-CSC Document 21-8 Filed 06/05/2006 Nursing Evaluation Tool:

Page 5 of 42 Upper Respiratory Complaints

				hidilito
Fac	ility: Alabama Department of Corrections			
- 11	ient Name: ( ) eese	Dalas	4	
Inm	late Number: 168 513	Date of Birth: 3	171107	<del></del>
Dat	e of Report:	Time Seen: /, kay	AM PM eircle One	:
Q	Chief Complaint(s): ☐ Runny/Stuffy Nose Some State of Stuffy Nose Some Stuffy N	Non-productive  Productive: (sput	um description):	
	Onset: 2 wks, ago  I have had problems if necessary)  The have as the	ma with me s		
His	story of Asthma: X No 🖸 Yes Cardiac	/CHF history: XNo 🗆 Yes	☐ Check Here if History of HIV Disea:	additional notes on back se: No DYe
<u>O</u> bjective	: Vital Signs: (If Indicated) T.284 P: 113	RR: <u>2</u> B/P: <u>/ ^</u>	5 1208	
Ey	es: 🗖 Clear 🗆 Watery 🖸 Injected (red) 🛮 Drainag	e: OXNo 🖸 Yes:	Lung sou	
No	se: Congestion: 🗷 No 🗆 Yes 🔝 Drainage: 💆	(No 🗆 Yes:	Right  Clear	Left ⊠∕
Th	roat examination: 🛛 Normal 🔲 Red 🔘 Enla	rged tonsils	Diminishe	
Ne	ck: Normal 🗀 Enlarged Lymph Nodes		☐ Crackles ☐ Rhonchi	<u> </u>
	dditional Examination:		☐ Wheezing	
□ Rei	in ito i ito quired	ary Determination(s): Alexade		continued on back
J21	ferral Required referral due to the following: ( Abnormal Vital Signs ☐ Inability to swallow Abnormal Lung exam ☐ Significant Wheezing whi	Check all that apply)  Significant shortness of breath ich does not improve with inhaler	PRecurrent Compla	int (More than 2 visits)
	Comment: You should contact a physician and/or unsure of the appropriate care to be given.		ncems about the status of	the patient or are
Adv If no A Edu as Oth	(Describe) C Medications given (CTM 4 mg, Tylenol 650 mg Bid pe	toms have not resolved the nature of their medical condition ar nen schedule patient for appropriate fo  EVALUATION	Now-up visits)	pitorysa
-2	D 1 Henol 650 mg	LO BID X 3 Dec	<del>,</del>	7
	NO SUYES (If Yes, Whom/Where):	<u>C</u>	Date for referral:	J_DD / YYYY
Referral 1	Type: □ Routine □ Urgent □ Emergent (if emerge	nt who was contacted?):		ime
W/	Name:		ylor	
	Nykses Signature	Printed	l .	



Print Name: Debra Cheese	Date of Request: 1-14-06
	h: 3-24-70 Location: 9
Nature of problem or request: Coughing The	rowing eventher up Cenit
Reep nothing down Vacinal i	( Faratal Throtated
3	
	_ Pebra Charpe
	Signature
DO NOT WRITE BEL	OW THIS LINE
Date: 115106	
Time: 1.40 AM PM	DECENTAL
Allergies: NKA	RECEIVED Date:
	Time:
	Receiving Nurse Intials
(S)ubjective:	
	,
(O)bjective (V/S): T:	D: DD 1000
(110). <u>1.</u>	R: BP: WT:
20	
(A)ssessment:	2
(A)ssessment:	
(A)ssessment:	
(A)ssessment:	
(A)ssessment: (P)lan:	
(P)lan:	
(P)lan:  Refer to: MD/PA Mental Health Dental Da	
(P)lan:  Refer to: MD/PA Mental Health Dental Da CIRCLE C	NE
(P)lan:  Refer to: MD/PA Mental Health Dental Da CIRCLE C Check One: ROUTINE ( ) EMERGENCY (	NE )
(P)lan:  Refer to: MD/PA Mental Health Dental Da  CIRCLE C  Check One: ROUTINE () EMERGENCY (  If Emergency was PHS supervisor notified:	NE ) Yes() No()
(P)lan:  Refer to: MD/PA Mental Health Dental Da CIRCLE C Check One: ROUTINE ( ) EMERGENCY (	NE ) Yes() No()
(P)lan:  Refer to: MD/PA Mental Health Dental Da  CIRCLE C  Check One: ROUTINE () EMERGENCY (  If Emergency was PHS supervisor notified:	NE ) Yes() No()
(P)lan:  Refer to: MD/PA Mental Health Dental Da  CIRCLE C  Check One: ROUTINE () EMERGENCY (  If Emergency was PHS supervisor notified:	NE ) Yes() No()
(P)lan:  Refer to: MD/PA Mental Health Dental Da  CIRCLE C  Check One: ROUTINE () EMERGENCY (  If Emergency was PHS supervisor notified:	Yes () No () Yes () No ()
(P)lan:  Refer to: MD/PA Mental Health Dental Da CIRCLE Conect Cone: ROUTINE ( ) EMERGENCY ( If Emergency was PHS supervisor notified: Was MD/PA on call notified:	Yes () No () Yes () No ()

Case	2:06-cv-00172-WHA-CSC Document 21-8 Filed 06/05/2006 Page 7 of 42
	Facility: Tutwiler Correctional Facility
	Patient Hamo
	Inmate Number: 159516 Lest Date of Birth: 11 126 134
······································	Date of Report: 1 13 106 Time Seen: 9 AM/PM Circle One
<u>S</u> ub	ojective: Chief Complaint(s): My ABodman 15 MUNTry and Swallny + BAC, Onset: Gmonths
Bri (Cox	estislar: fibial by uterus Innate states that preint tolk her to return in condition cont
Obje Exa (Cont	ective: Vital Signs: (As Indicated) T:983 P: 72 RR: 20 BIP: 120 172  unination Findings: ABOZ MEN WISTONE CZOOP PAN UPON TOUCH  Unable to Benzover
<u>A</u> s:	sessment: (Referral Status) Preliminary Determination(s):
	Referral NOT REQUIRED  Referral REQUIRED due to the following: (Check all that apply)  Recurrent Complaint (More than 2 visits for the same complaint)  Other:
	U Other.
	Comment: You should contact a physician and/or a nursing supervisor if you have any concerns about the status of the patient or are unsure of the appropriate care to be given.
<u>P</u> ían:	Check All That Apply:  Unstructions to return if condition worsens.  Deflucation: The patient demonstrates an understanding of the nature of their medical condition and instructions regarding what they should do as well as appropriate follow-un. These than of the nature of their medical condition and instructions regarding what they
	Other:
010	Medications given NO Q YES (If Yes List):
Refe	erral: O NO DYES (If Yes, Whom/Where): OCCLOGANT Date for referral: 13,06
x vere	trail type: LURoutine Upgent C Emergent (if emergent who was contacted?):
-`	Norses Signature Name: Macs SV++37



~~ ~~~ ....

### PRISON HEALTH SERVICES, INC. SICK CALL REQUEST

Follow-up

Print Name: Debra Clackler  ID # 1895/6 Date of Birt  Nature of problem or request: Addominal pain a  Luhen sitting, nauseau, Last period 12-1-05,	Date of Request: 1-12-06 th: 11-210-54 Location: Dorm 12 Acd 478 Ad Swelling, back pain, raginal pain Headache	
	Selva Packlen Signature	
DO NOT WRITE BEL	OW THIS LINE	
Date: 1/13/06 Time: 830 M AM PM Allergies: Codel NE	RECEIVED Date: Time: Receiving Nurse Intials	
(S)ubjective:	tools	-
(O)bjective (V/S): <u>T:</u> <u>P:</u>	<u>R:</u> <u>BP:</u> <u>WT:</u>	
(A)ssessment:		
(P)lan:		
Refer to: MD/PA Mental Health Dental Dai CIRCLE O Check One: ROUTINE () EMERGENCY ( If Emergency was PHS supervisor notified: Was MD/PA on call notified:	ONE ) Yes() No() Yes() Np()	
SIG WHITE: INMATES MEDICAL FILE YELLOW: INMATE RETAINS COPY AFTER NURS	SE INITIALS RECEIPT  PHS0133	



Follow-up

Print Name: Dehra Clackler  ID # 159616 Date  Nature of problem or request: Severe ha  every day, All of my stomach is sur  with a laxative. I am in constant pa	e of Birth: 11-26-54 ok pain and abdom llen. My bowels gre	inal pain. Extre	me tiredness
DO NOT WRIT	re below this lini	Signature E	
Date: / 1291 2400 Time: AM PM Allergies:	REC Date: Time: Receiving Nu	EIVED	
(S)ubjective:		ć	le pet
(O)bjective (V/S): T: P:	R:	BP:	<u>WT:</u>
(A)ssessment:			
(P)lan:			
	notified: Yes()	Return to C	llinic PRN
WHITE: INMATES MEDICAL FILE	SIGNATURE A	ND TITLE	

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT

	00172-WHA-CSC		onHed:06	6/05/2006 Pag	e Abdaminal Pain
<u> </u>	Tutwiler Correction: - : acil				
	Name: Clack c	lact	<u> </u>	Johna	
<u> </u>	Number: 15 95 [C	>	Fire Date of	st Birth: 11 120	154 MI
Date of	Report: 12 12 12 1	rrry	Time Seen	1 ~ 4	PM Circle One
Subjective:	Chief Complaint: C > C	\<\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	-ΩΟ	, )	
Onset: Qu	Chief Complaint: <u>Cor</u>	13 11 D	of a Appli	In an olde	h Bowo Lp
History	Call Islatic	- W 1 PO 150W	<u>613</u>	_	
(Continue on back if	Call Date	SUR GOTY (	Monove	3 <u>.</u>	
		· · · · · · · · · · · · · · · · · · ·			
Pain Descript Intermittent Other:	tion: 🕊 Sharp 🗆 Dull 🗅 I 🔲 Constant 🔾 Radia	Crampy 🖸 Burning ution to:		Location: Q F	,
	NA 1930 □ Normal ☑ symptoms: Nausea 'Ѿ No Back pain		AUGI		l Yes: urination  □ Ye
* FEMALE:	LMP: 1 / 1 / OS	Vaginal Discharge: Фж	To OFF es (Des	cribe):	
Pregnancy T	est: negative / positive / N/	(Circle One) The possibility (	of pregnancy exists for	r any female of potential childheavion	age unless a
Objective:	Vital Signs: (If Indicated	1:982 p. C	ctomy or hysterectomy	has been performed.	1 700
General app	pearance: No acute distre	ess 🖸 Acute distress 📮	Haabla to stand	d = === 4	
	ann a cool a bly a N	Moist/clammy Skin Color:	□ Normal □	Pallor D Flushed C	Jaundice
ABDOMINA	· ·	a ory			
Bowel sounds		sed 🖸 Absent nded 💢 Non-Ten	nder Witende	mulsution	revolunca
Pain induced/	increased with: Walking ជ increased with: Gentle abd	VNo□ Yes Iominal palpation □ No 〔	OlXes	rocation	
日 Additional i Continue o 上になるし	Examination: (/o offine office discourse)	pan upm	truck	1 to Lines	1B Isney
	(Referral Status)		•		☐ Check Here if continued on back
□ Referr	al Not Required	Preliminary D	etermination	n(s):	
☐ Referr	al Required due to the f	ollowing: (Check all that a	nniv)	<del></del>	-
v⊶i ∩∪	normal Vital Signs body or "Tarry" stools	₩ Distended/rigid abdo	omen C	Persistent Nausea and	/or vomiting
	her:	Pallor, moist clammy	y skin [	☐ Recurrent Complaint (M	fore than 2 visits for the same compl
- "	You should contact a physi	cian or nursing supervisor if	Vou have any o	lijestions about the status	of the patient
<u>P</u> lan:	Instructions to return if c	condition worsens or does no	of improve	accusing about the status	ον ατο μαμθείξ
Check All That Apply:	↓ Education on bowel elim	nination 🔲 Education o	nn Lifestyla Mod	lifications to prevent reflu	x
	abdominal pain, fever.) as v	well as appropriate follow-up	o. 🖸 YES 📵 N	ng, significant weakness, NO (If NO then schedule	x on and signs and symptoms for signs of dehydration, worsen patient for appropriate follow-
<b>5</b> 0.4		epto-Bismol 10-15 cc PO X1 given □ NO □ YES (If	dose (or) 吐M Yes List):	aalox 30 cc PO X1 dose	(or) Mylanta 30 cc PO
Referral: □	NO WIYES (If Yes, Whom/)	Where): ~でわらら		Doto f	or referral: [2 / 3[/ 6=
Referral Type:	Ul Boutine Urgent 1	Emergent (if emergent who	was contacted?	?):	MM DD YYYYTime
Χ	Nurses Signature	Name:	JA-SSI	Aton m	
/	In AA		Printed		PHS0135



Print Name: Debra Clackler	_ Date of Request: 12-25.05
ID # 1595 6 Date of Bi	rth: 11-21,5011 I agotion, Dorm 12 Red 1171
Nature of problem or request: Abdominal pain womiting. Brusels are not moving as they show	and Swelling, bendanke, nousear and
vomiting. Bowels are not moving as they show	Id. Even though I am taking a laxative.
Still have not had follow-up visit to discuss	sonogram results.
V .	
	Debro Claskles
·	Signature
DO NOT WRITE BE	LOW THIS LINE
Date: 12-136105	
Time: 18136 8.5 AM PM	DECEMBE
Allergies: Coloro	Date: RECEIVED
	Time:
	Receiving Nurse Intials
(S)ubjective:	
SDC hat	tools for poplyen
	tols hang hory
(O)bjective (V/S): T:482 P: 60	R: 20 BP: 130/75 WT:/
(O)bjective (V/S): T:980 P:60	R: 20 BP: 725 WT:/
(A)crocomont	
(A)ssessment:	
(D)I	
(P)lan:	
Refer to: MD/PA Mental Health Dental D	Paily Treatment Return to Clinic PRN
CIRCLE	
Check One: ROUTINE ( ) EMERGENCY	( )
If Emergency was PHS supervisor notified	j: Yes ( ) No ( )
Was MD/PA on call notified	i: Yes ( ) No ( )
	IONATURE AND TOTAL
	IGNATURE AND TITLE
WHITE: INMATES MEDICAL FILE	PHS0136
YELLOW: INMATE RETAINS COPY AFTER NU	RSE INITIALS RECEIPT



Follow-Up same thing

Print Name: Debra Clackler ID # 159516 D	Date of Request: 12-1-05 Pate of Birth: 11-26-54 Location: Porm 12 Bed 47B Dain in Abdomen and back.
Nature of problem or request: Severe	main abdomen and back.
	Alma Clackles Signature
	RITE BELOW THIS LINE
Date: 12/2/05 Time: AM PM Allergies: Codeine	RECEIVED Date: DEC 0 2 2005 Time: Receiving Nurse Intials
(S)ubjective: My stomach	is hurting real bad a knot
forms in tront agger eq	177-19
(O)bjective (V/S): <u>T: 99.0</u> P:	58 R: 18 BP: 120/74 WT: 155
(A)ssessment: Who are No	ormal range
(P)lan: Mytab Ti B/D x30 + Plu Apt.	od + check on altrasound order
Refer to: MD/PA Mental Health D	ental Daily Treatment Return to Clinic PRN
O1 . 1 O	ental Daily Treatment Return to Clinic PRN CIRCLE ONE GENCY() r notified: Yes() No() I notified: Yes() No()
_Soc	SIGNATURE AND TITLE
WHITE: INMATES MEDICAL FILE YELLOW: INMATE RETAINS COPY AF	$1\sqrt{1}$

GLE-1002 /1/A1

Case 2:06FeVil-QO117211VHA-CSC Document 21-8 File	d-06/0 <u>5/2006 Page 13 of 42</u>
Patient Name: Clackles De ma	· .
Inmate Number: 1595/6	First VV
Date of Report: 10 179 15	ate of Birth: 126154 Miles Seen: 9.36AM/PM Circle One
Subjective: Chief Complaint: C/o paro in unope oh	
Onset: 1 removal of lipoma in june.	a c "Swelling & sharp pain a
History: Mult Class	To pear of ripers
(Continue on back if necessary)	
Pain Description: Sharp Dull Crampy & Burning Intermittent Constant Radiation to:  Last BM: 10/28 Normal & Constination Distribution	Epigoetrio Chou
Last BM: 10/28	es (x' Painful urination No Pres
"FEMALE: LMP: 1115 Vaginal Discharge: 10 No. 17 Ye	20 0
The possibility of the possibili	
indivigits, (it indicated) 1, 977 to b.	
General appearance: WNo acute distress Acute distress Unable to	stand erect
Mucous Membranes: Defoist Dry	al □ Pallor □ Flushed □ Jaundice
ABDOMINAL EXAM  Bowel sounds: Or Present Decreased Decre	
Abdomen: Soft Guarding Distended Non-Tender G	 Candar
1 and illumped/increased with Wallsham for a few control of the	. Location
Pain induced/increased with: Gentle abdominal palpation \(\D\) No \(\D\) Yes \(\Gamma\)	bround navel
Continue on back if necessary)	
Accompand (D. C.	
Assessment: (Referral Status)  Referral Not Required  Preliminary Determination	Check Here if continued on back
Referral Required due to the following: (check all the	
Bloody or "Tarry" stools  Distended/rigid abdomen Palfor, moist clammy skin	Persistent Nausea and/or vomiting Recurrent Complaint (More than 2 visits for the same complaint)
You should contact a physician or nursing supervisor if you have a <b>Plan:</b> Distructions to return if one till.	any questions about the status of the nation
miss account to return it condition worsens or does not improve	
☐ Education: The patient demonstrator provided in Lifestyle	Modifications to prevent reflux
which they should seek additional medical attention. (Persistent vo abdominal pain, fever.) as well as appropriate follow-up.  YES	☐ NO (If NO then schedule patient for appropriate followers
Other OTC Medications given DNO DVES (((Vocation)	
Urgent D Emergent (if emergent who was contact	oted?):
X Kourses Sionalure Name: Jay	net Riberty



Follow up

### PRISON HEALTH SERVICES, INC. SICK CALL REQUEST

Print Name: Debra Clackler	D-11 - f D:	Date of Reque	est: 10-28-05	Red UTA
ID # 1595/6 Nature of problem or request: Po	un in abdamen.	back and both s	ides. Burning an	dswelling
		Delira a	Ackless Signature	
100	NOT WRITE BE	LOW THIS LIN	•	
Date: 10 1 291 60 Time: AM PM Allergies: Lodiene		Date: Time: Receiving Nu		
(S)ubjective:	- hus	my re	et -	
(O)bjective (V/S): T:	P:	R:	BP:	<u>WT:</u>
(A)ssessment:				
(P)lan:		nw 10/	3118	
Refer to: MD/PA Mental F	CIRCL		Return to Cl	inic PRN
Check One: ROUTINE ( )  If Emergency was PHS  Was MD.	EMERGENC' supervisor notifi PA on call notifi	ed: Yes ( )	No() No()	received
	<i></i>			
		SIGNATURE A	ND TITLE ·	

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT

Casa 26 cv-00172-WHA-CSC DOUGHIGH EXALU	ationFileolo6/05/2006 Page 145d6filinal Pain
Facility: Tutwiler Correct	
Patient Name: Carker Inmate Number: 1595/6 Last	Debra
<u> </u>	Date of Birth: 11 1 74 1 1954
Date of Report: 10 1 22 1 205	Time Seen: SS (AM)/ PM Circle One
Subjective out to CAIA coo's and	
Subjective: chief complaint: W. Gwonic Const, Onset: July 2005	pation; sureness ABD: pan/swelling
Oliser Sound Cod	1100
(Continue on backlish eccessary) after eating	e this began occurring & Stomach
- swarry after entry	
Pain Description:	
Last BM: 10/21/AS	☐ Epigastric 🖫 Diffuse
Last BM: 10/21/05  Normal Constipation Diarrho Associated symptoms: Nausea  No & Yes Vomiting Constitution	ea x stools Color change: ☐ No ☐ Yes:
Back pain No 19 Yes	Painful urination Painful urin
FEMALE: LMP: Vaginal Discharge: C	I No Dites (Describe): PINHSh, watery 9 other week
Pregnancy Test: negative / positive / NA (choice One)  Objective: Vital Signs: (If Indicated) T: 954 bilatera (choice One)  General appearance: (19 No courts disc)	ility of pregnancy exists for any female of potential childbearing age unless a X 2da rejectomy or hysterectomy has been performed.
General appearance: (19 No goute distance D	48 RR: 18 B/P: 132 1 78 U
General appearance: No acute distress Acute distress C  Skin: Warm Cool Dry Moist/clammy Skin Cole  Mucous Membranes: Moist Dry	☐ Unable to stand erect ☐ Knees drawn up
ABDOMINAL EXAM	31. Sincitual diPallor diFlushed di Jaundice
Bowel sounds: Present Decreased Dahoont	
Non-T	ender the render Mickle of ABO of LUQ
Pain induced/increased with: Walking ☑ No ☐ Yes Pain induced/increased with: Gentle abdominal palpation ☐ No	Location
☐ Additional Examination:	GYes
Continue on back if necessary)	
Assessment: (Referral Status)	☐ Check Here if continued on back
Referral Not Required Preliminary	Determination(s):
Referral Required due to the following: (Check all that	apply)
Abnormal Vital Signs Distended/rigid ab Bloody or "Tarry" stools Pallor, moist clami	domen Persistent Nausea and/or vomiting
Other:	The same complain
You should contact a physician or nursing supervisor  Plan:  United Type Type Type Type Type Type Type Type	if you have any questions about the status of the patient.
describing to return it condition worsens or does	not improve
Coucation. The patient demonstrates an instanct	on Lifestyle Modifications to prevent reflux  Iding of the nature of their medical condition and signs and symptoms for  Persistent vomiting, significant weekness, signs and symptoms for
abdominal pain, fever.) as well as appropriate follow-t visits)	up. The Signs of denydration, worsening up. The Signs of denydration up.
☐ OTC Meds given: ☐ Pepto-Bismol 10-15 cc PO > ☐ Other OTC Medications given ☐ NO ☐ YES (	(1 dose (or) Maalox 30 cc PO X1 dose (or) Mylanta 30 cc PO
Motorcole CD Mo CD	(If Yes List):
Referral: UNO GYES (If Yes, Whom/Where):	Date for referral 124 0C
Referral: UNO GYES (If.Yes, Whom/Where):  Beferral Type: Depositing Unique Emergent (if emergent who	Date for referral V / 22 OC
Referral: UNO GYES (If Yes, Whom/Where):	Date for referral: V / 22 OS



Print Name: Debra Clackler	Date of Request: 10-21-05
ID # /50E//.	
Indiuit Of Droblem or request: //Ain and Zing//	the section of the se
Chronic constipation, Soreness in center of	and man I got ransported after entire
	Besites + ger mascures after earling.
	Λ
	Delina Clarkleri
	Signature
DO NOT WRITE	BELOW THIS LINE
D 17 22 05	properties and
Date: 10/02/05 Time: 832 (AM) PM	
7 11/1	RECEIVED
Allergies: COGETINE	Date: OCT 2 1 2005
	lime:
	Receiving Nurse Intials
Tolla eugs	
(S)ubjective:	1/
	161 7001
	, ,
as the	10 100 1
(O)bjective $(V/S)$ : T: $VO^{T}$ P:	18 R: 18 BP: 132/78 WT:
	•
(A)ssessment:	
	1
	ans .
(P)lan: M) list mem po	Broke Court
in is then too	Will x ways
Moe.	U
/ / /	
Refer to: MD/PA Mental Health Dental	
ON 1 A	LE ONE
Check One: ROUTINE EMERGENC	
If Emergency was PHS supervisor noti	
Was MD/PA on call noti	fied: Yes() No()
(X,Y)	$(/_{\alpha})$ $\cdot$ $(/_{\alpha})$
· // // /4	WMM MM Idrally
VV	SIGNATURE AND FORM
NAME OF THE PARTY	SIGNATURE AND TITLE
WHITE: INMATES MEDICAL FILE	

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT 



Print Name: Debras Clackler	Date of Request: 4-24-05
ID # \\\\_1595\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	, <u> </u>
Nature of problem or request: Pain and sweeking in	lot city and old and Armer us in
upper aldomen. Provers stopped the bleedy	left side and aldomen. Pressure in
Shall a second of the second o	
THATILE SO SHOT US I STOPPED TAKING THE ME	edication.
	Notes of the
	NIMO CLACESEN
DO NOT WHITE DEL	Signature
DO NOT WRITE BELO	JW THIS LINE
Date: 7 125,05	
Time: //30 AM PM	DECERTIFIC
Allergies: Codeine	Para RECEIVED
Timorgios. <u>Coacora</u>	Time:
	Time: M2905 Receiving Nurse Intials
	Accounting rearse initials
man of an house to	11 1 1 1 1 0 2 70
(S) ubjective: I am halling heavy	pleeding the fair
. )	0 ,
102 12	112/0
(O)bjective (V/S): T: $\frac{7}{7}$ P: $\frac{6}{7}$	R: 20 BP: 1/80 WT: /
O2 98 %	
02 10 /	
(A)ssessment:	
•	
(P)lan:	,
	,
motion 600 Mg POB	ID X 7da / s
Pre Protoco/ For	C Pam
Refer to: MD/PA Mental Health Dental Dai	ly Treatment Return to Clinic PRN
, CIRCLE O	
Check One: ROUTINE () EMERGENCY (	)
If Emergency was PHS supervisor notified: Was MD/PA on call notified:	Yes ( ) No ( )
Was MD/PA on call notified:	Yes ( ) No ( )
	Yes () No ()  Mulgielus
	11.
L. Cozy	
$\mathcal{S}_{\mathcal{U}}$	NATURE AND TITLE
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GLE. 1002 /1///

PHS0143



## PRISON HEALTH SERVICES, INC. SICK CALL REQUEST

Print Name: Debra Jujce Clackler Date of Request: 8-80-05
ID # /595/6 Date of Birth: 1/- 2/- 6/ 1 continue To 1/2 1/4/2
Nature of problem or request: Everything I est stops in my upper abdomen; causing transmess, pain and swelling; until I take a faxative, then the stoyes stoyes over again. My howels, will not move without a laxative Marion for howels.
trattoos prin and william will est 310ps in my upper aparmen, causing
over acide and swelling until I take a faxotile then the so cucle starts
rate and challenger will not move without a laxative Nausea, low heart
Tale and shortness of preath,
Dohna Jana Manhon
Signature
DO NOT WRITE BELOW THIS LINE
Date: 813405
Time G. 70
Time: 9:36 AM PM Allergies: Codeire
Allergies: Codeline
I troid: AUG 3 0 2005 II III
Requiving Nurse Intials
(S)ubjective: (1 Seveness in upper the doctor
(S) unjective: (1) Sy CV (SS IV) UNIVERSITY OF SOME OF STATE OF SOME OF STATE OF STA
71 -00 0 1 001
001
(O) bjective (V/S): T: 99 P: 82 R: 18 BP: 178/72 WT: hypoactive bowd sounds all A gradbard mount differences.  (A) ssessment: Attention mountary life appears when differences all a gradbard movement differences.
(O) bjective (V/S): $\underline{T}$ : $\frac{P}{V}$ : $\underline{P}$ : $\frac{P}{V}$ : $\frac{P}{V$
1 and the state of
NUPOUCTUR DINCUS RUNDER OUT AFERTROUS I
The James
(A) scoremant Ollowiles (as as souled I'll to with my remote diff
(A) ssessment: Attended in the control of the contr
, , , , , , , , , , , , , , , , , , ,
(P)lan: To See MB today
10 Xt 111B 1000g
Refer to: MD/PA Mental Health Dental Daily Treatment Between to Clinic PDV
Bany Treatment Return to Clinic PRN
Charle O. BOLYTTAN CIRCLE ONE
Check One: ROUTINE ( ) EMERGENCY ( )
If Emergency was PHS supervisor notified: Yes ( ) No ( )
Was MD/PA on call notified: Yes ( ) No ( )
1000
$\sim \sim 20^{\circ}$
( 1/1-104711 m/ /b// /
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	Print Name: Delorou Clackler Date of Request: 8-28-05  ID # 1595 6 Date of Birth: 11-26-54 Location: Down 2 Red 478
	Nature of problem or request: Pain and swelling in center and right side of abdomen.  Difficulty breathing, pressure in abdomen, low heart rate, nauseau and teeling taint, bounds will not move without a laxative.
	Debra Clackles
	DO NOT WRITE BELOW THIS LINE
	Date: 8 18 105 AM PM Allergies: Cocleine  RECEIVED Date: Time: Time:
	Receiving Nurse Intials
	(S) ubjective: C/O Hightness + Fall ness in middle of abdom eating; (mable to defecte 5 lax attre  (O) bjective (V/S): T: 989 P: 68 R: 18 BP: 108/02 WT:
affer	cating; unable to defacete 5 lax attre
	(O)bjective (V/S): <u>T: 489 P: 68 R: 18 BP: 108/42 WT: </u>
	(A) ssessment: Alteration in confat Rf tower on pain
	(P)lan: MD to review
	Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN
	Check One: ROUTINE () EMERGENCY ()  If Emergency was PHS supervisor notified: Yes () No ()  Was MD/PA on call notified: Yes () No ()
	Was MD/PA on call notified: Yes() No()  Mas MD/PA on call notified: Yes() No()
	SIGNATURE AND TITLE
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Nature of problem or request: ning to Swelling i	Date of Request: 3-33-05  h: 11-36-54 Location: Dorm 12-47B  h: 12-36-54 Location: Dor
DO NOT WRITE BEL	OW THIS LINE
Date: 8 257 05 Time: 12:10 AM PM Allergies: Code	RECEIVED  Date: 40.5 2 2 2005  Time: Receiving Nurse Intials
(S)ubjective: Pan in Louis 101	man some many whe
(S)ubjective: Pain in Loven Abd ecting who I get Pressure I Cond breit (O)bjective (V/S): T: TID P: 50 Bouel Sound's Presst Some tendents on	
(A)ssessment:	ul pola
Alberton tocales 1	n
(P)lan: -mo roppl	
Refer to: MD/PA Mental Health Dental Dai	ly Treatment Return to Clinic PRN
CIRCLE OF Check One: ROUTINE ( ) EMERGENCY ( If Emergency was PHS supervisor notified: Was MD/PA on call notified:	NE
WHITE: INMATES MEDICAL FILE	· •

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Print Name: Debra Clackler  ID # 1595/6  Date of Bir	_ Date of Request: 8-19-05
Date of Bir Nature of problem or request: Bowle of struction. I abdamen. Sowels will not make without weakness of breath.	th: 1/20-54 Location: Dixm/2-478
DO NOT WRITE BEI	Acho J. Usckler Signature OW THIS LINE
Date: 8/20/05 Time: AM PM Allergies: COCONO	RECEIVED DECEIVED Date: Time: Receiving Nurse Intials
(S)ubjective: I Just Ward Locator Hist	to like Pot Back on
(O)bjective (V/S): <u>T: 986 p: 76</u>	R: 20 BP: 195 WT: 63
(A)ssessment:	
(P)lan: NO TO ROVIEW	
CIRCLE O Check One: ROUTINE() EMERGENCY( If Emergency was PHS supervisor notified: Was MD/PA on call notified:	$\frac{1}{\text{Yes}(1)} \text{No}(1) \qquad \frac{1}{\text{No}(1)} \frac{1}{$
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### **EMERGENCY**

ADMISSTION DATE TIME ORIGINATING FACILITY	· >74
8 12 105 / 30 AM DSIR DPDL DESC	APEE O OUTPATIENT
ALLERGIES Colline	CONDITION ON ADMISSION ☐ GOOD ☐ FAIR ☐ POOR ☐ SHOCK ☐ HEMORRHAGE ☐ COMA
VITAL SIGNS: TEMP \( \frac{\sqrt{\sq}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}	PULSE 5 B/P 114 68 RECHECK IF SYSTOLIC <100> 50
S- ABJ Onin - mig AKI to	ABRASION // CONTUSION # BURN XX FRACTURE Z LACERATION /SUTURES
P Dide Vagnel Weeding	
O- ABI Post extensor to or	
NAVAL Davie simmon poted	
10 Am - W ( would but	
bruil de Wooden-org- comples	
P- motion (manifer allies)	PROFILE RIGHT OR LEFT
reigt Diel Coll-Vital Sign	A A CETT OF AFA
PHYSICAL EXAMINATION	1/) (\/) ** (\/ & \/ & \/ \/ \/ \/ \/ \/ \/ \/ \/ \/ \/ \/ \/
E-il condition	
Dielo call	
	RIGHT OR LEFT
	ORDERS / MEDICATIONS / IV FLUIDS TIME BY
	motion 600 ma por 10:40 &
	en protocal At williams
DIAGNOSIS	
O. A. S. A.	•
INSTRUCTIONS TO PATIENT	
DISCHARGE DATE TIME RELEASE / TRANSFERRED	DAMBULENCE SATISFACTORY DPOOR
NURSE'S SIGNATURE PHYSICIAN'S SIGNATURE	DATE CONSULTATION
INMATE NAME (LAST, FIRST, MIDDLE)	DOC# DOB R/S FAC.
Clarker Debys J	59516 11 24 54 VF JUD



Print Name: Debra Clackler Date of Regu	A 10 4 m
ID# 1595/6 Date of Right. 1/- plant //	est: 3-12-05
Nature of problem or request: Britis obstruction from and 51	Location: 1/0/11/10 Bea 4/8
	ra lavative lan
heart rate, Weakness and shortness of breath.	indicated, but
	1 10 11
_ LYEUNO:	Joyce Kockles
DO NOT WRITE BELOW THIS LIN	Agnature
	EIVED
Date: 9/13/05 Time: 8:20 (AM PM	
Allergies: Codeine	FIXED
Receiving Nu	rse Intials
(S)ubjective: (1) regular for Sep (MN)-	EN Plu to Vous
Coc Bound and de	Blace I W TO & Table
(S)ubjective: Cho reading to See MM- for Bourd problem	NYIO ,
(O)bjective (V/S): <u>T: 960 P: 68 R: 18</u>	[08]
(V/S): 1: 10 P: 00 R: 10	BP: /70 wt:
45 anc; will place on mo	1107 TEX Ecclusion
(A) ssessment: Alexaden in comfer	Ph Ruel andsking
	PI DUM PIONNE
	y
(P)lan: MD /EST	8/17/05
1.0 1931	(O)
Refer to: MD/PA Mental Health Dental Daily Treatment	Return to Clinic PRN Appt
Refer to: MD/PA Mental Health Dental Daily Treatment CIRCLE ONE	Return to Clinic PRN X - 2015 King
Check One: ROUTINE ( ) EMERGENCY ( )	
If Emergency was PHS supervisor notified: Yes ( ) No	) ( )
Was MD/DA and the state of the	$\circ$ $($
$\sim 10^{-1}$	
11/Ohnson	120n
SIGNATURE AND	TITLE
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PRISON HEALTH SERVICES, INC.
SICK CALL REQUEST
Print Name: Clackler, Debra Date of Request: 7-29-05
ID# 15/15/10
Nature of problem or request: kniet of struction, four and swelling in center and right side of anamen. sowel will not move without lavative. How heart vale.
Debra Clackler
DO NOT WRITE BELOW THIS LINE
Date://
Time: AM PM Allergies:
Time: 2.9 2005
Receiving Nurse Intials
(S)ubjective: poul obstrate Tochet rete Shoronesset break
Shoronesset break
(O) bjective (V/S): T: 98.6 p: 1 R: 16 BP: 130/60 WT:  borelsones presht prestignatione heurs fare nemil 19te 20.
bovelones presht preductione
(A)ssessment:
Alderedu to confus pain
(P)lau: A A A A
8/1/05
Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN
CIRCLE ONE Check One: ROUTINE() EMERGENCY()
If Emergency was PHS supervisor notified: Yes ( ) No ( )
was MD/PA on call notified: Yes

SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT



Print Name: Clackler, Debra  ID # 1895/6  Date of Birth	Date of Request: 17-21-05
Nature of problem or request: four obstruction.  of abdomen. How heart vale, Weakness and	n: 11-26-54 Location: 12-478 Print Swelling in center and right side.
DO NOT WRITE BELO	Signature
	OW THIS LINE
Date: 7/22/07 Time: AM PM Allergies Que	RECEIVED  Date: Time: Receiving Nurse Intials
(S) ubjective: My hears rede 15 2000:	I get cold or a Tail
hard to Catal my Breeth from a gall black Sugers for so (O)bjective (V/S): T: P: 57  Show werm and Dy to tour pulse low. boul some	Some forms I have sair \$150 cing solve me. Energlishme son  R: 18 BP: 10/62 WT: 16  h pa breathy washerse  16 Present X 4 Abdome of the
(A)ssessment: Borel mount	tou police and hard to have
(P)lan: MD L3+	9/25/08
Refer to: MD/PA Mental Health Dental Dai	ly Treatment Return to Clinic PRN
CIRCLE O Check One: ROUTINE ( ) EMERGENCY ( If Emergency was PHS supervisor notified: Was MD/PA on call notified)	NE
	NATURE AND TITLE
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### **EMERGENCY**

ADMISSION DATE TIME ORIGINATING FACILITY	A		
ADMISSION DATE  TIME  ORIGINATING FACILITY  OSIR OPDL OESCA	USION OALL	DEMERGENCY PATIENT	
ALLERGIES CUMMI	CONDITION ON ADMISSION  GOOD GAIR GPOOR GSHOCK GHEMC	PRRHAGE COMA	
VITAL SIGNS: TEMP GT GRECTAL RESP.	PULSE BYP_/	RECHECK IF LYSTOLIC / 100> 50	
MATURE OF INJURY OR ILLNESS - A M/ S	ABRASION /// CONTUSION # BURN XX FRACTURE Z	· · · · · · · · · · · · · · · · · · ·	 3
John Ramy Andrew Rodule  Mandred Grown Sile "  Theedle Bakpey  Try 974- Milly 0-63-18 1  Jt, amus plan  Physical Examination Se an	PROFILE	RIGHT OR LEFT	)
p. alleration in comfort	ALB JJJ RIG	HT OR LEFT	
RIT Semonal y Rodule	ORDERS / MEDICATIONS / IV FLUIDS	TIME BY	
from (2) Seal 1.			
P. Curry out plan of Care 1			
water for belaus dering neces	man in Nici	1	
DIAGNOSIS  WHO WAL 7 CYST FROM INSTRUCTIONS TO PATIENT  INSTRUCTIONS TO PATIENT	Dade ? redu	Buyay	PHS
DISCHARGE DATE TIMES RELEASE / TRANSFERRE PHYSICIAN'S SIGNATURE DATE PHYSICIAN'S SIGNATURE	☐ MAMBULANCE ☐ SATISFACTORY ☐ ☐ ☐ ☐ FAIR ☐	GE DPOOR DCRITICAL	PHS0151
INMATE NAME (LAST, FIRST MIDDLE)	(e/27/ar		
Clucker, Dlug	159516 11/2454 a	R/S FAC.	<b>-</b>
		<del></del>	



Print Name: Debra Clackler  Date of Request: 6-23-05  ID # 159516  Date of Birth: 11-26-54  Location: Dorm 3 Bed 26 B  Nature of problem or request: I am continually having a blocky-brown discharge. My last  normal period was no favility. This was a place of the second discharge. My last
normal period was on April 17. It is very some around my naval. I still need to be scheduled for a man magram. It has been 2 years since I had my last man magram.
Delson Usakler
DO NOT WRITE BELOW THIS LINE
Date: 4/3/05 Time: 25 AM PM Allergies: Codulu Date: 4/33/05 Time: Receiving Nurse Initials
(S)ubjective: Im having a bevorg derekage. E burning en
(O)bjective (V/S): T: 99 P: 40 R: 20 BP: 11870 WT: 164
(A)ssessment: bloody duelages burney in Side
(P)lan: Om R revenue  (P)lan: (P) The following (Tew) (Englishmet)  (3) RTC y problem prisint, Medication ordere
Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN AUTHO
CIRCLE ONE Check One: ROUTINE (*) EMERGENCY (*) If Emergency was PHS supervisor notified: Yes (*) No (*) Was MD/PA on call notified: Yes (*) No (*)  Anuma (*) 2 3 2005
SIGNATURE AND TITLE
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PRISON HEALTH SERVICES, INC.
PRISON HEALTH SERVICES, INC.  SERVICES  SERVICES  FOLLOW UP: 370 YEARS  FOLLOW UP: 370 Y
Print Name: Debra Clackler Date of Request: 6-16-05  ID # 159516  Date of Birth: 14-21-156
Nature of problem or request: Breasts are extremely some and pointul. The fibraid cysts have increased and spread to my underarm and the inside of my upper arm. I need to be scheduled for another mammagram. My last mammagram was suly 2003.
Delna Clackler
DO NOT WRITE BELOW THIS LINE
Date: 6 / 1 / 10.7  Time: AM PM  Allergies: Odue  Date: 6 / 10.7  Time: Time: Receiving Nurse Intials 20
(S) ubjective: They breast am sour and gainful & breast the knys to arelen would who to how Trammagain
(O)bjective (V/S): T: 98 P: 48 R: D BP: 1490 WT: 16
(A)ssessment: Manyel bread/descess mannager
(P)lan: Om Newwi Cup, wanted 20 20 Commence 20 Manual Company of the Company of t
Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN CIRCLE ONE
CIRCLE ONE  Check One: ROUTINE () EMERGENCY ()  If Emergency was PHS supervisor notified: Yes () No ()  Was MD/PA on call notified: Yes () No ()
Anna

SIGNATURE AND THE

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YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT

PHS0154



### PRISON HEALTH SERVICES, INC.

Follow up: 3rd request sick CALL	REQUEST
Print Name: Debra Claskler	Date of Request: 6-16-05  Birth: 11-210-54 Location: Dorm 3 Bed 268  mely some and painful. The fibraid cysts have the inside of my upper arm. I need to be
	Delna Clarkler
DO NOT WRITE B	Signature ELOW THIS LINE
Date: 101/107 Time: AMPM Allergies: Codem	RECEIVED Date: (4/1/07) Time: Receiving Nurse Intials
sculaur	oved who to how mannagian
0250x-4707	R: D BP: 1470 WT: 16
(A)ssessment: A pauful	brevit / discus manning
(P)lan: Om Dreven /ap,	mannapan Schod manning of
Refer to: MD/PA Mental Health Dental	
CIRCLI Check One: ROUTINE () EMERGENCY  If Emergency was PHS supervisor notific  Was MD/PA on call notific	7()
	Anular G
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. Colamo	CONDITION ON ADMISSION  GOOD STAIR DPOOR DSHOCK DHEMORRHAGE D	COMA
NS: TEMP 9717 ORAL RESP. 16	PULSE 50 B/P (18, 66 RECHECK IF SYSTOLIC <100 50	
OF INJURY OR ILLNESS OZ SA 47 020	ABRASION III CONTUSION # BURN XX FRACTURE Z LACERATIO	N/ UTURES
I'm hong abdominat poin		
stes & myse stodoren, II with a Bhy truy. LMP 5/25/03 who blacker anyer 88.		
5= Wt. 165 Brillyn to O win, Heat more,		<i>(</i>
Franciscal Examination  Plant or Dung on unading just  Down w Wordson, able to I  PHYGICAL EXAMINATION  Grand evect. Inposetive front Sombo.	PROFILE RIGHT OR LEF	HA
Burning Who pring tast 8how Tung Robburdson in 79. Andrew Sopt.	RIGHT OR LEFT	/
Distract Pan	ORDERS / MEDICATIONS / IV FLUIDS TIME	Ŋ B <sup>A</sup>
P. the D. to sac or fluid intake.	Johns II be 11.10	+16
En Sty When Joseph ground mig proposed to plant obstations		
INSTRUCTIONS TO PATIENT		PHS0155
DISCHARGE DATE OF THE AM PM PM PM DATE PHYSICIAN'S SIGNATURE	DTO LEGOC CONDITION ON DISCHARGE DISATISFACTORY DOOR FAIR DCRITICAL OATE CONSULTATION	)155
INVATENAME (UST, FIRST, MIDDLE)  [hum, Debyn	154516 11 JOOB RIS F.	AC. (
Millian Danner Come Valla	Discourse Ones	



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SERVICES
HICOMPORATED
FOLLOW UP

Print Name: Debra) Clackley	Date of Request: 5-26-05
Nature of problem or request: Constraints	of Birth: 1/-26-54 Location: Dorm 3 Bed 26B
doctor said ofter examining me on Ma	14/6,
	Debas i Clarkless
DO NOT WRIT	Signature E BELOW THIS LINE
Date: 5 87103	
Time: AM PM Allergies: AM LUMA	RECEIVED Date: 6/27/02 Time: 925 Receiving Nurse Intials
1(	, , ,
(S)ubjective: countralian have the le	y would like to know y I can
(O)bjective (V/S): T: 98 P: 02 Sat 97	44 R: 18 BP: WT: 163
(A)ssessment: Coulyalin	I manjural for consuit
(P)lan: OM D rewer	
(3) mp ny	and for consult from ortall
Refer to: MD/PA Mental Health Dent	al Daily Treatment Return to Clinic PRN
CIF Check One: ROUTINE (*) EMERGEI If Emergency was PHS supervisor no Was MD/PA on call no	otified: Yes() No()
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	SIGNATURE AND PITTI
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PHS0157



# PRISON HEALTH SERVICES, INC. SICK CALL REQUEST



Print Name: Debra Clackler  ID # 159516  Date of Request: 5-8-05  Nature of problem or request: Abdominal pain, Also pain + burning in both sides, When I  Pat and drink something the pain and burning as the surring in both sides. When I		
Feel weak and faint and have difficulty breathing when I lay down.		
DO NOT WRITE BELOW THIS LINE		
Date: 5/8/05 Time: 80 AM PM Allergies: Codune Date: Time:		
(S)ubjective: My lep 4 abd as swaller = 8019		
(O)bjective (V/S): $\underline{T}$ : $98$ P: $86$ R: $28$ BP: $1/2/70$ WT:		
(A)ssessment: Swellin? etco Tests ordered on 4/12/05 - not yet Lone		
(P)lan: ? Rowson		
Refer to: MD/PA Mental Health Dental Daily Treatment  CIRCLE ONE  Check One: ROUTINE (*) EMERGENCY ( )  If Emergency was PHS supervisor notified: Yes ( ) No (4)  Was MD/PA on call notified: Yes ( ) No (6)		
Al Cronni RV		
WHITE: INMATES MEDICAL FILE		

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT

GLF-1002 (1/4)



1124			
Print Name: Debras Claskler	Date of Requ	est: 4-7-05	
ID # <u>/595/6</u> Date of	Birth: 11-26-54	Location: 10A	-118
inature of proplem or request: Hin in abdom	ren and hoth eide	ier Tinhynner in	hill didor
fain is continuous and goes through me to be scheduled for a mammagram	y abdamen and a	ofo my back. At	so, need
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	Alebra C	lackler	
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DO NOT WRITE I	BELOW THIS LINI	E	
Date: 7/8/D			 Ti
Time: 2020 AM PM Allergies: 10061W	REC	EXED	
· · · · · · · · · · · · · · · · · · ·	Date: 4/5		
	Receiving Nu	rse Intials	1
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(O)bjective (V/S): T: P:	R:	DD.	Lb Pre-
	Λ.	<u>BP:</u>	<u>WT:</u>
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(A)			
(A)ssessment:			
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(P)lan: $(A \land A) \land (A \land A$	$\gamma$		
(P)lan: - M. D. Leferral			
Refer to: MD/PA Mental Health Dental		Return to Cli	nic PRN )
Check One POLITINE ( ) EMEDORNO	LE ONE		
If Emergency was PHS supervisor notified by Was MD/PA on call notified by the control of the con	ied: Yes() No	00	
Was MD/PA on call notif	ied: Yes () No	0()///	1 ///
		$\gamma \sim 1$	
8 2005 W	1)10.	// \	Y The second sec
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PHS0159



C1 E 1000 /1/4

Print Name: Debra Clacklex  ID # 159516 Date of Birt  Nature of problem or request: fain in abdomen ar  Pain is continuous and goes through my abd  be scheduled for a manimagram.	Date of Request: 4/4/05  h: 11-26-54 Location: 10A-11B  nd both sides. Tightness in both sides, emen and into my back, Also need to
	Debra Clackler
DO NOT WRITE BEL	Signature OW THIS LINE
Date: 4 6 (2)05	
Time:AM PM Allergies:COCL in C	RECEIVED  Date: Time: Receiving Nurse Intials
(S)ubjective: Pain to abd of side	, Tightness goes through
abd to my back I'm tal	cing Tyleno)
Cyst like area noted to et	R: 20 BP: 124 60 WT: 161  Side
(A)ssessment: AH. in comfort de tightness	de to do abd pain +
(P)lan: mis Review/Refer	
Refer to: MD/PA Mental Health Dental Dai	ily Treatment Return to Clinic PRN
CIRCLE O Check One: ROUTINE ( ) EMERGENCY (	NE )
If Emergency was PHS supervisor notified:	Yes ( ) No ( ) Yes ( ) No ( )
A APR 5 2005 HAM .: DO.	
(V) Tulk	ENATURE AND TITLE
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Print Name: Debra Clackles	_ Date of Request: <u>3/26/05</u>
ID # 1595/6 Date of Riv	rth: 1//20/04 I
JOSEPH A FIGURES IN DOYN SINES I I	TAME A AYACC - AYACA Ash like dulantana
THE COUNTY OF THE COUNTY	have a bowel movement without a
Jazanve,	A A GG GA
	Debra Clarker
DO NOT HINTON	Signature
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Date: 228/03	
Time: 430 AM PM	DECEMBE
Allergies: CAMMA	Date: 3/24/3
	Time:
	Receiving Nurse Intials
,/	1700
(S)ubjective: On Lunuary Our	To her tarres and again
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	R: D BP: WT: //os
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(A)ssessment: Contibuling of a	
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(P)lan:	
Defended MD (D)	
Refer to: MD/PA Mental Health Dental Da	aily Treatment Return to Clinic PRN
CIRCLE C	ONE
Check One: ROUTINE () EMERGENCY (	)
If Emergency was PHS supervisor notified:	Yes ( ) No ( )
Was MD/PA on call notified:	Yes ( ) No ( )
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GLF-1002 (1/4)	SE INITIALS RECEIPT PHS0160
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10110			
Print Name: Clackler, Debra  ID # 159516 Date of Birt  Nature of problem or request: The constipation  Addomen is petting worse. My bows  take a jaxative. After taking a jaxati  hours, Then the constipation returns.	and pain in rest will not me they will	cation: DII-60 ny left side ap ove at all unti move for about	β d LI t 24
DO NOT WRITE BEL	SI OW THIS LINE	ignature	
Date: 10,10,04 Time:AM PM Allergies:Cogeine_	RECEIV Date: Time: Receiving Nurse		OCT 1 0 P.M.
(S)ubjective: pry Constipate Lafatives are a ter	n perar	tinues 7 Dix	the
(O)bjective (V/S): <u>T: P:</u>	<u>R:</u>	BP:	WT:
(A)ssessment: No apparen	t de	stress	(a)
(P)lan: Will talk u blue - 17 BIDX 180 day	with h	Vr. Eug	Chart
Refer to: MD/PA Mental Health Dental Dail  CIRCLE OF  Check One: ROUTINE() EMERGENCY()  If Emergency was PHS supervisor notified:  Was MD/PA on call notified:	ly Treatment I NE	,	RN Jechech
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PHS0162



# PRISON HEALTH SERVICES, INC. SICK CALL REQUEST

Print Name: Cacker, Debra Date of Request: 9-18-04  ID # 159516 Date of Birth: 11-26-54 Location: D11-B60B  Nature of problem or request; Constant wave to wringte; but only a year, sensation every time if try to wringte, also pain in lower part of left + ride sides. Lower backies attremely some on left side.  Signature
DO NOT WRITE BELOW THIS LINE
Date: 9/19/09 Time: Y AM PM Allergies: OLEINE Date: 9/19/09 Time: 940 Am Receiving Nurse Intials CO
(S)ubjective: 0/0 buring when winating a pair in tower bilateral side
(O) bjective (V/S): T: 100.6 P: 80 R: 18 BP: 118/78 WT: 150/6 VS assessed 5/5 distress noted when inputationare (A) ssessment: UA done
(P)lan: MD Review  O Midium 200 matbid x3 days  O Motion (200 matbid x3 days)  Refer to: MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN  CIRCLE ONE  Check One: ROUTINE ( EMERGENCY ( )  If Emergency was PHS supervisor notified: Yes ( ) No ( )
Was MD/PA on call notified: Yes() No()  SIGNATURE AND TITLE  WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT

**EMERGENCY** 

ADMISSION DATE TIME ORIGINATING FACILITY			
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NATURE OF INJURY OR ILLNESS	ABRASION /// CONTUSION # BURN	XX FRACTURE Z LACERATIC	
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INSTRUCTIONS TO PATIENT			F
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NUSSE SENATURE OF PHYSICIAN'S SIGNATURE	DATE CONSULT	☐ CRITICAL ATION	
INMATE NAME (LAST, FIRST, MIDDLE)	DOC# DO	B R/S F	AC.
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Milhita Danard Come Valla	Dhormon O.	1-1-1-	



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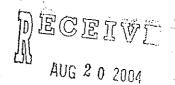
### PRISON HEALTH SERVICES, INC. SICK CALL REQUEST

Print Name: Debya J. Clackler  Date of Request: 9-5-04  ID # 159516  Date of Birth: 1136/54 Location: P11-B60B  Nature of problem or request: I was awakened by intense abdominal pain at 100 Arm. This morning. The pain started underneath my ribs and went side my left side to my pelvic area and from my naval to my left side pulling sensation in my left side was sending pain through my abunen and into my back.  Signature
DO NOT WRITE BELOW THIS LINE
Date: 07 / 06 / 06 Time: 100 An PM Allergies: Coclemn  RECEIVED Date: Time: Receiving Nurse Intials
(S)ubjective: 0/8 Of Godin cir Left Did townel
(O) bjective (V/S): T: B(P: B)  R: (8 BP: 100/58 WT: 150/68  E) Abellewy briesew or redness maked c/o of lower bled pair normal BA best Wednesday  (A) ssessment:
attration to confoit the To abol often
(P)lan: Jui losatini C MD to Duen
Refer to MD/PA Mental Health Dental Daily Treatment Return to Clinic PRN  CIRCLE ONE  Check One: ROUTINE (*) EMERGENCY ( )  If Emergency was PHS supervisor notified: Yes ( ) No (*)
Was MD/PA on call notified: Yes () No ()  Clean Company ()
SIGNATURE AND TITLE

WHITE: INMATES MEDICAL FILE

YELLOW: INMATE RETAINS COPY AFTER NURSE INITIALS RECEIPT





Print Name: Clackler, Debra 3 ID # 159516 De Nature of problem or request: Consuper	ate of Birth	Date of Rec	quest: 8-16-04 Location: Dx	m II. Annex Dain.
Follow-Up		Debro	J. Clarkle	2
DO NOT WR	ITE BELO	W THIS LI	NE	
Date:/ AM PM Allergies:		Date: 8 Time: 21		
(S)ubjective:	<u>L</u>			
(O)bjective (V/S): T: P:		<u>R:</u>	BP:	<u>WT:</u>
(A)ssessment:				
Reselvion  (P)lan: Ploud in P  Refer to: MD/PA Mental Health De	n 5 nees p	n Olan Ducola	Solms If	d pm
Refer to: MD/PA Mental Health De	ntal Daily IRCLE ONI	Co /2-ce Treatment	Return to Clir	nic PRN
Check One: ROUTINE ( ) EMERGI	ENCY ( )			
ECETVE Was PHS supervisor Was MD/PA on call	notified.		Vo()	
AUG 1 9 2004	0	Who i	Burn	- Ma/
	SIGN	ATURE AN	D TITLE	ZIMI/
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### **EMERGENCY**

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ALLERGIES NKIO	CONDITION ON ADMISSION  GOOD GFAIR POOR	☐ SHOCK ☐ HEMORRHAGE ☐ COMA
VITAL SIGNS: TEMP G P PECTAL RESP.	6	SVP P- RECHECK IF SYSTOLIC /
NATURE OF INJURY OR ILLNESS		
S-I'm in pain The	ABRASION /// CONTUSION # BUI	RN XX FRACTURE Z LACERATION / SUTURES
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11 ps / highor par	1 2121	\operation \( \tag{\tau} \)
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to touch. Il V nobish unable	= stat alos	e., )
This dime.		
A- Aldradon in land		
DIAGNOSIS		
INSTRUCTIONS TO PATIENT		
	;	
DISCHARGE DATE TIME RELEASE / TRANSFERRED  7 1/6/04/1130 PM	DAMBULANCE DEATIS	ION ON DISCHARGE FACTORY □ POOR
NUMSE'S SIGNATURE DATE PHYSICIAN'S SIGNATURE	DATE CONSUL	CRITICAL
INMATE NAME (LAST, FIRST, MIDDLE)		OB R/S FAC.
Clackler, Debra	159516 11-0	
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PRISON HEALTH	PRISON HEALTH S	ERVICES, INC.	JUL 1 4 2004 LU
Follow Up	SICK CALL R	EQUEST	
	Debra Joyce Date of Bir quest: Abdominal pair	_ Date of Request: _7//4 th: <u>  /26/54</u>	1/04 3-3B nausea)
	DO NOT WRITE BEL	Debea Jayres ( Signature OW THIS LINE	Packler.
Date:/ AN Time: AN Allergies:	1 PM	RECEIVED Date: Time: Receiving Nurse Intials	
(S)ubjective: all 1 left si	Rain stored de	- area - (P) pr	de to
(O)bjective (V/S): <u>T:</u>	99-9 P: 68	<u>R: 乙ゥ BP:</u>	100/60 WT: 160
m (2) orde, wes.  frankents. Pa  frankents. Va  (P)lan: M. D. New	in namedal in our while of	1588. Pain simila bowl Surenda + in gesterday, Pain is exted.	sau 4
Check One: ROUTINE If Emergency was	ntal Health Dental Dai CIRCLE O (W EMERGENCY ( PHS supervisor notified: MD/PA on call notified:	NE	to Clinic PRN
		NATURE AND TITLE	2/W

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